

MULTIPLE DEPEN  
FEE CALCULATION SHEET  
(FOR USE WITH FO  
XTO-875)

CLAIM

SERIAL NO.

101531903

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8	1		1			
9			1			
10		2	1			
11			1			
12			1			
13			1			
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44			1			
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47			1			
48			1			
49			1			
50			1			
TOTAL IND.	2		2			
TOTAL DEP.	43	↔	40	↔		
TOTAL CLAIMS	45		42			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						